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ABSTRACT

In this paper, the author outlines the historical development of information and education programs for population control and family planning, arguing that communications activities should receive as much emphasis as the health services program. The public information aspect includes use of mass media, advertising and promotion, public relations activities, and the commercial marketing of nonmedical contraceptives. Educational efforts are aimed at audiences in clinics, schools, and the general community. The author refers to the absence of planning in some communications programs and stresses its importance, along with the necessity of continued research and evaluation of information/education programs. He also discusses materials development as part of the communications program and the present lack of training for communicators in the family planning field. (RN)

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THE ROLE OF COMMUNICATIONS IN POPULATION AND FAMILY PLANNING PROGRAMS

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Everyone knows that people learn about family planning from other people. According to sociological surveys concerned with knowledge, attitude and practice, people learn from relatives and friends, from doctors and health personnel. These surveys ask a nice, tidy question such as, "How did you learn about family planning?". And the response is usually associated with another person. Is the response accurate?

Who knows? Ask yourself, how do you learn? Go a step further. Why do you change behavior, or not?

I ask myself the behavior question about smoking. I smoke. Is there a deficiency in my learning? I doubt it. I certainly have read and seen enough messages to learn that smoking is bad for health. My wry comment about the television anti-smoking advertisements is that they make me so nervous that I reach for a cigarette. The fact is that I have sufficient knowledge; I've "learned", but I have not changed behavior.

My physician brother has stopped smoking. Why? He traces it to a television spot that shows a father and young son doing things together. Dad skips a pebble over water; son follows suit.

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Dad drives the car; son imitates him. Dad pauses for a cigarette; son smokes a make believe cigarette. My brother doesn't want his young son to follow by example.

Did the ad alone cause my brother to quit smoking? I doubt it. Prior to the ad, my brother had considerable knowledge about the health hazards associated with smoking. Where did he get the information? Newspapers, television, medical journals, conversations with other physicians, friends---a wide range of possibilities exist.

If we want people to change behavior---to stop smoking or to use contraceptives---then we must use the widest range of message inputs available. And seek to provide information that directly relates to the needs and interests of our audiences.

What is the implication of maintaining the widest range of possible message inputs for a family planning communications program? It certainly suggests that more is required than person-to-person communication.

Two action components are essential to any adequately developed population and family planning program: clinical services and communications. Clinical services means medical advice and attention, and the provision of contraceptives. Communications includes information and education. In 1972, many, perhaps most, people working in population will accept clinical services and communications as the two principal program components. This has not always been the situation.

In order to reveal the realistic role of communications in family planning programs and, by so doing, to suggest a practical course of development, it is necessary to briefly and broadly sketch the historical development of information and education activities in population and family planning programs. This sketch is a synthesis of the actual development of many programs.

Family Planning began, in many countries of the world, when prominent, socially concerned women, in some cases physicians, recognized the fact that the birth of too many babies too close together threatens the health of the mothers. The use of contraceptives to space children, or to prevent the birth of additional children, was the method to control childbearing.

The new, and believed to be more effective, contraceptives, the IUD and the pill, require trained medical personnel. Because of the health requirements, and because the maternal problem was seen as one of health, family planning quickly became a health matter under the direction of physicians.

The acceptance and use of contraceptives are not simple matters for most women and couples. They want to know why they need contraception, how contraceptives work, and what problems the contraceptives may cause. To provide this knowledge, physicians turned to a public health profession, health education. Therefore, education grew out of a services need.

Health education is what the name implies --- educating about health matters. Health educators are trained in a health curriculum. Their locus and their focus is the health service, the clinic.

The focus to a lesser extent is concerned with training fieldworkers to visit homes and public places, to talk about health matters and to encourage people to visit clinics. Education was subsumed under clinic services.

By 1968, more and more individuals were expressing a need to "get family planning into the air." Clinic based education alone was not enough; more people needed to be informed. The mass media should be involved.

The idea of using the mass media was not new. There were already some public information efforts in family planning programs. India had adopted the red triangle as a sign of family planning; thousands of signs, billboards, wall paintings, and other outdoor media displayed the triangle and declared that "two or three children are enough." Jamaica, Costa Rica, Hong Kong, and a few other countries had public information activities. But the efforts were limited in scale.

By 1969, there were clinic education activities in most programs and some had public information activities. The two types of activities were seen by most family planning workers as distinct and separate. As a generalization, health educators considered public information as marginally effective; the public information people saw clinic education as limiting in terms of reaching large numbers of women and couples.

In 1969, Ghana declared a national population policy. [1] The Plan of Implementation and Operation established only two operating divisions: Services and Information/Education. [2] This was the first

national program to clearly recognize the importance of Information/Education and to create an organization with equal emphasis on Services and on Information/Education.

Components of a Communications Program. As one of the two operating divisions of a family planning program, communications includes:

1) Information.

2) Education.

3) Information/Education, Coordinated as a Communications Program.

4) Planning, Including Research and Evaluation.

5) Materials Development, Including Production, Media and Messages.

Information. I prefer to call this program component "public information" because the activities are directed mainly to large, public audiences, rather than to individuals and small groups. Public information activities include:

Mass Media use.
Advertising and Promotion.
Public Relations.
Commercial Marketing of non-medical contraceptives.

Mass media is a tool for public information activities. It can be used for advertising and promotion campaigns. It can be used to provide continuing varied kinds of information to a number of general publics, an aspect of what we call public relations. The mass media can also support the commercial marketing of non-medical contraceptives.

Wilbur Schramm relates family planning to mass media and development and carefully balances the role of the mass media:

> *"...mass media have proved very useful, but inadequate to carry the load alone. To be truly effective, they must be built into a system or a 'package' that combines them with personal communication and necessary supporting services, ..."* (3)

The combination of mass media with "personal communication" is examined below under the general rubric of education.

Education. The "Report of The Commission on Population Growth and the American Future" identifies education as a principal program task:

> *"One characteristic American response to social issues is to propose educational programs, and this Commission is no exception. The range of educational topics impinging on population is broad and diffuse; somewhat arbitrarily, we have elected to organize the subject into three categories: population education, education for parenthood and sex education."* (4 p. 123).

The Commission identifies the task of providing knowledge to the American people as "education." However, in discussing one aspect of education, education for parenthood, the Commission recognizes the role of public information, saying:

> *"The mass media are a potential educational force in our society. American children and adults spend an estimated average of 27 hours a week watching television. They also spend large amounts of time reading newspapers and magazines, listening to the radio, and going to movies. Family life, as depicted in soap operas, situation comedies, and romantic magazines and films, bears little resemblance to that experienced by most of the population. In our judgement, the media should assume more responsibility in presenting information and education for family living to the public."* (4 p. 129).

Again, in discussing sex education, the Commission identifies various ways of reaching Americans:

> *"Recognizing the importance of human sexuality, the Commission recommends that sex education be available to all, and that it be presented in a responsible manner through community organizations, the media, and especially the schools."* (4 p. 137).

In presenting its ideas for educational programs, the Commission notes that:

> *"This is not the only way to organize this material. It is for the individual community, school, or agency to decide what is appropriate and wise for them in preparing such educational programs."* (4 p 123).

In terms of program, I suggest that educational activities be organized in terms of audiences and the places where audiences can be contacted:

1) Clinic Education.

2) Community Extension Education.

3) In-School Education.

Clinic education, activities in clinics, receives primary emphasis in programs because family planning arose in a health context. Surprisingly, particularly in view of the time, money and expertise expended, clinic education is not well defined as an area of program operation. Clinic education work seems directed to providing clients with what the program decides the clients need to know rather than to understanding what client needs are, and what they can understand and will accept. Teaching materials are medically oriented and client "take home" materials are eclectic. The audiences are obvious enough.

They are people attending clinics: MCH, Family Planning and other health services. More attention has to be given to audience needs and perceptions.

Extension education includes the activities of family planning workers plus the activities of other workers operating in the community. Potentially, agricultural extension, community development, labor and nutrition workers can inform about family planning. An extension worker will integrate family planning into his duties only when he perceives it as important to his extension work. It is important to know if an extension worker is able to perceive family planning as work related. If the answer is yes, he can be prepared, probably through a training course, to integrate family planning into his own work.

In-school education is also suggested as a part of the communications activities of a population and family planning program.

Information and Education as Components of a Communications Program. There is no necessity for the information and education activities profiled above to be interlinked. In some countries, the United States may be an example, interconnections may be impractical. Yet, family planning programs are striving to cause large segments of the population to change their behavior by acceptance and, most importantly, sustained use of contraceptives. If the audiences of the general public are receiving conflicting and confusing messages, then the effects of communications activities are retarded.

If closer coordination is seen as important, and this may be particularly so for countries with nationally directed programs, then a communications office should be established. The purpose of such an office is not to dictate policy, but rather to strive to rationalize and integrate the activities of the various agencies. When you consider the number of

agencies potentially involved in family planning communications --- ministries of information, education, community development, agriculture and labor, private family planning agencies and commercial agencies --- it is apparent that no one agency can control and dictate policy to the others. Cooperation is required. Intelligent program planning is mandatory.

Planning, Including Research and Evaluation. Erskine Childers, Director, UNDP/UNICEF Development Support Communications Service, writing on development programs, speaks sharply of the absence of planned communications:

> *"A majority of planned development programs depend, for their most elementary success, on the diffusion of selected innovations, to identifiable communities and/or cadres, within definable target time-periods. Many other development projects, although narrowly formulated in purely physical input terms (i.e. dams, irrigation systems, fisheries, harbors, etc.), cannot, in fact, realize their development objectives unless they are synchronized with planned harnessing of related human resources -- which will also require planned innovation-diffusion.*
>
> *Perhaps no single element or 'component' of programming has been as neglected as this fundamental social support-communication process. Since 1966, the authors have been engaged in researching and defining, for the UN Development System and the Governments it assists, a basic discipline and methodology of 'Project Support Communication'. The essence of this methodology is to build into all needy development programmes a 'support communication component' as thoroughly researched, planned, resourced (personnel, equipment, materials, budget), and evaluated as all other more traditionally provided components." (8 p. 1).*

In a recent report to the government of Iran, Childers details a national development support communications system. [5.] His basic premise is that no development project should come out of the planning stage without a carefully

developed communications component. This approach to planned communications for development projects, which creates a national planning and coordinating structure, has appeal. However, the practical realities in most population and family planning programs dictate a less structured approach.

I have worked as a communications planning consultant in a number of countries.[6] A communications program approach was developed by asking questions about and producing answers to the following:

1) What is the present situation?
2) What are the concrete and short-range future plans?
3) What needs to be done?
4) Based on identified needs and from a practical point of view, what can be accomplished in the immediate future?
5) Based on identified needs, what should be done but will require policy or other major decisions?
6) Which agencies are doing which tasks? Who will do new tasks? What new agencies can be involved?
7) Assuming no coordinating mechanisms, how can the work of the various groups be integrated? Does the practical situation dictate a loose organization or can a better, more tightly integrated mechanism be established, particularly for planning?

By way of example, consider one problem a family planning program faces --- the commitment of leaders. For planning, use the following checklist:

Needs
Objectives
Strategy
Work Plan
Action
Evaluation [7]

The need is to reduce strains in the economic and social order by reducing the population growth rate. The objective is to have an official government policy for population adopted and promulgated. The audiences are those who influence the creation of policy --- government leaders and social and industrial elites. The strategy is to show how the economic and social order is affected by too rapid population growth. The work plan organizes the

tasks, decides on messages and chooses acceptable communicators and effective media. Evaluation will be carried out both during the project and after. The purpose of evaluation is to determine whether the objective was accomplished, i.e. was a policy adopted.

Planning requires research and evaluation. My experience in program work is that these two words are often used interchangeably. They should be separated. Evaluation is post-factum; it should tell the administrator if the program objectives were accomplished.

Research activities, including communications research, are abundant in family planning. Everett Rogers, after time spent in India, notes:

> *"The volume of family planning communication researches in India is huge, and the number is growing. One implication of this large volume is that family planning program officials cannot cope with the 'information overload' of empirical facts yielded by these studies. This information overload can be handled by filtering, screening, and other methods ..., but adequate provision has not yet been made for this function. The result is a low level of utilization of completed researches."* (9 p. 6).

Utilization of research by program people presents problems. Rogers goes on to write:

> *"Most family planning communication research is not utilized in family planning programs, and much of it is unutilizable. This situation has implications for how research topics are selected, for the use of comparable research methods, and for the need for 'linkers' to liaison between research and practice."* (9 p. 7).

Rogers calls for 'linkers' to tie together research and program activities.

A. A. Armar, Director of the National Family Planning Programme of Ghana, looks at research from a program administrator's point of view and argues for research design to result from program needs:

> *"... the urgency to base sound administrative decisions on factual information that can be provided by the social scientist means that the social scientist needs to be persuaded to relate his research activities to the needs of the action program. This is particularly so in the developing countries, where we can ill afford the luxury of pure research projects that have no practical application to a country's problems." (10 P.45).*

In the same article, Armar discusses the importance of academic based research: "In Ghana, we propose to conduct a follow-up survey of acceptors every two years and a national sample survey in the alternate years. This will only be possible with the interest and assistance of our social science colleagues." (10, pgs. 50-51). He goes on to say: "A final area in which the programme administrator turns to the social scientist for assistance in determining his long-term needs is in the cultural, behavioural area. If our programmes ultimately are to be successful, we must have more information on the full range of factors that influence family size and fertility. The social anthropologists and social psychologist could make substantial contributions to our knowledge in these areas if they would include factors relevant to fertility in their present studies." (10 p. 51).

Armar also recognizes the usability of quick commercial research:

> *"The second type of information that is required on an immediate or short-term basis perhaps best fits into the classification of 'market research'. This is an area most neglected to date. Unfortunately the design and content of quick 'impressionistic' sample surveys*

> *is not often attractive to the university-based social scientist. Yet, this type of study can provide the administrator with very useful information on which to base management decisions. Usually this type of study is undertaken for private industry by commercial market research organizations that until recently have not been involved in on-going family planning programmes. In Ghana we plan to make use of this resource. (10 p. 49).*

Everett Rogers, a social scientist, identifies an inadequate utilization of research findings and suggests the need for "linkers" between program and research activity. Armar, a program administrator, calls for research to be focussed on program needs and indicates that he intends to use both social science research and commercial market research.

To sum up, the function of planning is to integrate and coordinate the many information and education activities in family planning communications programs. A planning mechanism can and should relate research to program and, by stating program objectives, cause better program evaluation.

Materials Development, Including Production, Media and Messages.

The range of tasks in communications programs is wide:

Public Information	Education
Mass Media use	Clinic
Advertising and Promotion	Community Extension
Public Relations	In-School
Commercial marketing of non-medical contraceptives	

Each of these activities requires specific kinds of materials. Audiences must be identified, messages and media selected, formats designed and the material produced. The required skills are specific and varied. It is essential to use the top talent available for any materials development work.

Communications skills are found in both the public and private sectors but, probably, to a greater extent in the private sector. Each agency can create its own materials but this is expensive and usually results in mediocrity. In addition, there is the possibility of message conflict and of duplication of materials. One solution is a coordinating body with representatives of each agency. In countries with national programs, a more formalized structure is suggested: a materials development unit set up to respond to requests from various agencies and to produce the materials or to select the best government or commercial organization to do the work.

Training. To date, communications training for population and family planning is not well developed. American universities, and a few in Asia, offer academic degrees in Communications but they are oriented to public information activities and have little family planning content in their courses.

There is a need to make communications training more job specific and to train in environments similar to those from which participants come. The most desirable is to train participants in their own environment. The sophisticated communications arena of the United States is probably not the best place to train people from developing countries. Our technology overwhelms and the participant on returning home is frustrated by lack of technology and sees communications as technology, rather than as a process.

What needs to be done to further communications training? Better definitions of the jobs in public information and education have to be

developed. Training courses that are job-specific are needed. Based on job specifications, questions like the following must be answered:

1) Can this training be done in-country or will it be necessary to go overseas?

2) Can the training be accomplished in a short term, or does it require degree training?

3) How will training materials be developed?

Training in family planning has been primarily for personnel working in services. The training is directed largely by medical and paramedical people. If communications training is to be job-specific, then the trainers must be communicators. There is a need to train trainers to think of communications in terms of the information and education activities described above and to be concerned with coordinating information and education so that program communications can be better understood and more effective.

Summing Up. In population and family planning programs, many and diverse information and education activities are required. Public information includes mass media usage, advertising and promotion, public relations, and support of commercial marketing activities. Education includes clinic, community extension and in-school activities. Some type of coordination of these activities, perhaps subsuming them under a program activity called Communications, is required. A Communications program, coordinating information and education, should have a planning component which includes its tasks, research and evaluation activities. A Communications program also should coordinate materials development work and should be concerned

with better and more job specific training of communicators.

All of these activities will result in the audiences having the widest range of possible messages. Hopefully attitudes and behavior will change; family planning will be accepted.

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